



# The Question of the Year

BY ELIZABETH F HOWELL, MD, UMA PRESIDENT



**W**HEN UMA MEMBERS AND others discover that I am an addiction psychiatrist and addiction medicine specialist, they invariably ask about medical marijuana (cannabis). “As an addiction specialist, what is your opinion about medical marijuana?” “What can we tell patients, neighbors, friends and families about medical marijuana?” “What is the evidence and how do you make sense of it?” “Why does the UMA oppose medical marijuana legislation or the ballot initiative?”

To clear up the last question, UMA does not oppose cannabinoids or cannabis-based medications. Several are available in the US for a limited number of indications that are supported by research.

UMA does oppose actions (legislation and/or ballot initiative) to legislate or define a “medicine” without following scientific methods, research and regulatory procedures that are required for other medications or medicines. Modern “medicines” are not developed, defined, or introduced by legislation or ballot initiative in the US. The term “medical marijuana” is inaccurate; no whole plant or botanical derivatives are defined as a “medicine” by the FDA or allopathic practitioners in the US. Modern medical practitioners

no longer grind up foxglove plants to derive digitalis, and no longer strip bark from a willow tree to obtain acetylsalicylic acid. We treat our patients by prescribing medications that are researched, consistent in content, FDA-approved, and with a favorable safety profile.

Utah physicians will be asked questions about cannabis more frequently as we are faced with legislative initiatives and the potential November ballot initiative on marijuana. Much of the language from cannabis proponents paints the drug as a panacea and the greatest thing to hit the planet. Is this accurate? Have we been overlooking a “miracle” in our midst? What are the pros and cons of cannabis use?

As physicians and scientists, although we may have opinions about cannabis, our responsibility is to examine evidence, data and facts and convey this information to others. Our overarching goal is to protect our patients and provide them with evidence-based and safe treatments.

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Cannabis legislation and ballot initiatives are sweeping the U.S. and have been largely decided on emotion and personal opinion, not evidence-based scientific studies.

The UMA has formed an ad hoc committee composed of interested members and experts in addition to examine the medical evidence about cannabis. We plan to summarize the evidence and other resources for members and the public, so that we can inform the Utah issues from a medical standpoint.

The UMA ad hoc committee will examine the data and recommendations from many angles and provide accurate information and a medical perspective about cannabis to the medical community and the citizens of Utah, including our legislators. We plan to develop short, informative materials to help you understand the evidence about cannabis and to provide accurate and up to date information to your patients and others.

The American Medical Association, American Society of Addiction Medicine, the American Academy of Addiction Psychiatry and the California Society of Addiction Medicine all have policy statements and guidance about cannabis and its potential medical uses. The committee will examine and summarize the policy statements and recommendations of these medical organizations about cannabis. We will not be reinventing the wheel!

Although we can provide medical information and evidence, it is unclear how much effect this will have on the cannabis debate. Cannabis legislation and ballot initiatives are sweeping the U.S. and have been largely decided on emotion and personal opinion, not evidence-based scientific studies. Ballot initiatives will be decided by voters; legislative decisions will be made by our elected representatives. Whatever the outcome of these processes, physicians must be educated and aware of the intricate issues surrounding cannabis and the public push for using it medically. We must participate meaningfully in the conversations about any legalization of cannabis use (for any purpose) in Utah.

As always, if you have input and feedback for me, please write me at [pres@utahmed.org](mailto:pres@utahmed.org). ■

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**SSgt Edward Rohde (801)525-3008 Edward.Rohde@us.af.mil**

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